Mental health promotion for gay, lesbian, bisexual, transgender and intersex New Zealanders

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ABSTRACT

INTRODUCTION: A number of studies have identified that gay, lesbian, bisexual, transgender, and intersex (GLBTI) people have poorer mental health than the general population. This article describes current mental health promotion and service provision for GLBTI people in New Zealand, and the views of stakeholders on current service delivery and concerns facing the sector.

METHODS: An email survey of service providers gathered descriptive data about mental health promotion and services provided for GLBTI people. Data obtained from interviews with key informants and online submissions completed by GLBTI individuals were analysed thematically.

FINDINGS: Five organisations provide clear, specific and utilised services and programmes to some or all of the GLBTI populations. Twelve GLBTI-focused mental health promotion resources are identified. The analysis of data from key informants and GLBTI respondents identified factors affecting mental health for these populations occurring at three levels—macro-social environment, social acceptance and connection, and services and support.

CONCLUSION: While GLBTI individuals have the same basic mental health promotion and service provision needs as members of the general population, they have additional unique issues. To enhance the mental health of GLBTI New Zealanders, a number of actions are recommended, including building sector capacity, allocating sufficient funding, ensuring adequate research and information is available, and reducing stigma, enhancing young people's safety, and supporting practitioners through training and resources. An important role for government, alongside GLBTI input, for improving mental health is noted.

KEYWORDS: General practice; mental health; sexuality; social discrimination

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Introduction

There is compelling evidence demonstrating gay, lesbian, bisexual, transgender and intersex (GLBTI) people experience poorer mental health when compared with the general population.[1] Many terms describing sexual and gender identities are contested. Terms used in this article are defined as:

- **Transgender**—a term for a person whose gender identity is different from their physical sex at birth.
- **Intersex**—a general term for a variety of conditions in which a person is born with reproductive or sexual anatomy that does not seem to fit the typical biological definitions of female or male.
- **Takatapui**—a Maori term for an intimate companion of the same sex. Takatapui incorporates sexual and cultural dimensions and means something more than the word 'gay'.
- **Fa'afafine**—a Samoan term for biological males who express feminine gender identities. As a group, fa'afafine are not easily categorised as homosexual or transsexual.
- **Queer**—a reclaimed word that represents sexuality and gender diversity.

For more information see: http://www.rainbow-youth.org.nz/queer-youth/useful-words/

International research has reported higher rates of depression,[2–7] anxiety,[2,5,8] and substance abuse[9–13] among GLBTI people. In New Zealand, the most robust links between sexuality and mental health have been made in the results from the Christchurch Health and Development Study, which determined non-heterosexual populations are an at-risk population for suicide and mental health problems.[14,15] Predominantly homosexual males in the study were found to experience mental health problems at over five times the rate for exclusively heterosexual males, including suicide attempts (28.6% and 1.6%, respectively) and suicidal ideation (71.4% and 10.9%).[15] Findings from the Dunedin Multidisciplinary Health and Development Study have also confirmed a link between sexual orientation and self-harm, suicidal ideation and attempted suicide.[16]

For many practitioners in primary health care in New Zealand, working with patients with mental health issues is likely to be commonplace, as managing people with mild to moderate mental health problems has traditionally rested within this sector.[17] General practitioners (GPs), for example, are often actively involved in the management of the mental health issues for GLBTI people, particularly as referrals within the public mental health system are largely controlled by them, and are made only if the GP assesses that specialist expertise is required or the individual is in crisis.[18] However, the literature on health care access for gay, lesbian, and bisexual (GLB) people suggests potential difficulties for GLB people accessing mental health care services. New Zealand survey research has reported health care providers routinely assume their GLB patients are heterosexual (83.2% women; 65.8% men), and just over a third (39.5% women; 35.3% men) have not disclosed their sexuality to their health care provider.[19] These actions run counter to best practice, which recommends doctors know the sexuality, or at least any sexual practices, of patients in order to provide optimal care.[20] While some gay men have reported deliberately withholding information about their sexuality or not seeing any relationship between sexuality and health, others have reported waiting for an opportunity to disclose their sexuality to their GP.[21,22]

In response to concern about mental health issues for GLBTI people, research was commissioned as part of the Ministry of Health's implementation of the New Zealand Suicide Prevention Action Plan 2008–2012.[23] The central aims of the research were to identify the current mental health promotion initiatives focused on GLBTI populations, as well as mental health services specifically for GLBTI people. In addition, the views of stakeholders (from key informants and GLBTI individuals) on mental health promotion initiatives and issues facing the sector were sought. The findings of this research were anticipated to provide the Ministry of Health and other agencies with information to develop a framework for policy and funding for GLBTI mental health needs. The research recognised mental health promotion is concerned with promoting positive mental health at a general population level, as well as addressing the needs of those at risk from, or experiencing, mental health problems.[24]

Methods

Three means of data collection were undertaken:
1. an email survey of service providers
2. interviews with key informants, and
3. an online qualitative survey completed by GLBTI individuals.

Email survey

An email survey was used to gather information on specific mental health promotion and services provided to some or all of GLBTI populations, awareness of any other specific services, and areas where current service delivery could be improved (this can be found in Appendix 1 of the web version of this paper). The survey was sent to a senior staff member with responsibilities for mental health (identified on websites or via telephone call) in all 21 district health boards (DHBs); 13 responses were received. The survey was also sent to all providers of services to GLBTI populations and GLBTI health and social service or support organisations that we knew about, or that were identified by key informants or listed online and in print directories. As many of these organisa-

tions were not expected to have any interest in mental health and were unlikely to reply, a response rate has not been calculated.

Key informant interviews

Seventeen key informants were interviewed by one of the research team, primarily by telephone, although some interviews were conducted face to face. Two informants provided written responses to questions. Informants were typically people working in, or having some other interest in, one or more of the areas of GLBTI mental health. Key informants were identified through our knowledge of the field, networking and in discussion with Te Pou o Te Whakaaro Nui: The National Centre of Mental Health Research, Information and Workplace Development (funder), and by snowball sampling. A diverse range of informants were interviewed, including people who identified as GLBTI, or worked with or had other knowledge of these groups (see Appendix 2 in the web version of this paper). Some informants identified as Maori or Pacific, and several informants worked with young people. The interviews primarily sought informants' knowledge of mental health promotion and services targeted at GLBTI people, and areas for improvement (Appendix 3 in the web version of this paper).

Online qualitative survey for GLBTI individuals

An online qualitative survey was developed to gather the views of GLBTI individuals (mental health service users and non-users of services) and included questions about issues and gaps in current mental health promotion and services (Appendix 4 in the web version of this paper). The online submission process was promoted on gaynz.com (a news website aimed at GLBTI people), and an email with a hyperlink to the submission form was sent directly to all GLBTI organisations that the authors were able to identify. Several organisations promoted the submission process to their members via their mailing lists and websites.

Data analysis

The email survey collected descriptive information. This information was reviewed by the research team and collated to provide a description of mental health promotion activities and services. The survey also provided information about strategies and policies in relation to mental health promotion. Copies or summaries of policies and strategies were obtained and reviewed to assist in the description of mental health promotion activities and services.

The key informant interviews were audio recorded and transcribed; a further two were provided in written form. The online survey data were also provided in written form from the online survey software. Data were analysed using thematic analysis.[25] The focus of the analysis was on the semantic (explicit) level content of the data. Data from the key informants and GLBTI individuals were coded separately. The initial coding and provisional themes were reviewed and discussed by the researchers. Due to the congruence between coding and provisional themes developed from the key informant and GLBTI individuals' datasets, the two sources of data were combined at this point. The researchers undertook further refinement of the coding and analysis.

Ethics

This study was undertaken in accord with Massey University processes for ethical conduct of research. The project was assessed by peer review to be low risk. Consequently, it was not reviewed by one of the University's Human Ethics Committees. The researchers (authors of the article)

WHAT GAP THIS FILLS

What we already know: While gay, lesbian, bisexual, transgender, and intersex (GLBTI) individuals have the same basic mental health promotion needs as members of the general population, they also experience additional unique issues related to social discrimination, and to personal and community social and behavioural risk factors. General practitioners play a central role in these groups accessing mental health services.

What this study adds: There is minimal policy in New Zealand in relation to GLBTI mental health promotion, and only a few mental health promotion initiatives or services are directed at these populations. Appropriate levels of mental health promotion and service provision should be available for GLBTI people.

were responsible for the ethical conduct of the research. Potential survey respondents were advised participation was entirely voluntary and anonymous, and withdrawal at any time before completing and electronically submitting the survey without giving a reason was available. Key informants were provided with an information sheet and a consent form that they signed if they agreed to take part.

Findings

A total of 124 GLBTI individuals completed the online submission form (Table 1). The key findings of the study are reported in two sections:

1. current mental health promotion and service provision; and
2. key issues and gaps in mental health promotion and service provision.

Current mental health promotion and service provision

Successful mental health promotion requires relevant public policy and supportive environments, but also requires services directed at populations at risk for mental health problems.[24] In New Zealand, as there is limited policy developed to address the health needs of GLBTI populations,[26] it is necessary to investigate mainstream policy, strategies, services and programmes as these are likely to have some effect on the health and wellbeing of GLBTI populations. In addition to mainstream policies, some mental health services that are specific to GLBTI populations are identified.

Policy and strategy

There are several overarching policy and strategy documents to guide strengths-based mental

Table 1. Demographics of GLBTI respondents (n=124)

Population group	n
Gay man	44
Bisexual man	2
Lesbian	28
Bisexual woman	13
Transgender	14
Other and more than one group	23
Age (years)	**n**
20 and under	9
21–30	30
31–40	22
41–50	29
51–60	25
61–70	5
71 and over	4
Ethnicity	**n**
Pakeha/New Zealander	82
Maori	11
Pasifika	3
Asian/Indian	3
Other European	15
Other various	10

Mental health service user	n
Yes—current or former	88
No	36
Location (nearest city)	**n**
Auckland	37
Wellington	35
Dunedin	19
Christchurch	6
Hamilton	6
Tauranga	2
Whangarei	2
Paraparaumu	2
Nelson	2
New Plymouth	2
Gisborne	1
Rotorua	1
Levin	1
Not stated	8

GLBTI gay, lesbian, bisexual, transgender and intersex people

health promotion and mental health service provision in New Zealand, some of which include mention of some or all of the GLBTI populations. These include: the New Zealand Suicide Prevention Strategy, The New Zealand Suicide Prevention Action Plan, Youth Health: A Guide to Action, Te Tahuhu, Health Promoting Schools, Health and Physical Education in the New Zealand Curriculum, Youth Development Strategy Aotearoa, Professional Standards for Teachers and the National Administration Guidelines for schools (see Appendix 5 in the web version on this paper).

General mental health promotion

To translate policies and strategies into action, general population level services and programmes are provided. It is likely that some of these mainstream programmes will benefit GLBTI people, but there is no evaluation evidence to support this. These services include: the National Depression Initiative; Like Minds, Like Mine; public health units funded by the Ministry of Health; the Mental Health Foundation; Mental Health 101 and Travellers (see Appendix 6 in the web version on this paper).

GLBTI-focused mental health services

A number of social and other GLBTI organisations provide general support, social, advocacy and information services that are likely to contribute to the mental health and wellbeing of GLBTI people. Examples of organisations providing these services are: Body Positive; Women's Centre (Christchurch); Pink Health Otautahi; Step Ahead Trust—Rainbow Group; Wellington Gay Switchboard; GenderBridge; and Intersex NZ. A range of specific community-based after-school and school-based youth support services have previously been identified.[27,28]

However, those organisations which have services and programmes with a specific health promotion focus for some or all of the GLBTI populations are much more limited (see Appendix 7 in the web version on this paper). Identified services are provided by Auckland CADS (Community Alcohol and Drug Services), OUTLine New Zealand, New Zealand AIDS Foundation (NZAF), Rainbow Youth, and City Associates. In relation to mental health, these services work mainly at a settings level (e.g. in schools) or at the personal level (e.g. counselling). In addition, 12 GLBTI-focused mental health promotion resources were identified, including mental health promotion print and online resources (see Table 2).

Table 2. GLBTI-focused mental health resources

Name of resource	Producer of resource
Curious website	NZ AIDS Foundation and Rainbow Youth
You, me, us. Our people, Our relationships (booklet and posters)	OUTLine NZ and Rainbow Youth
Safety in our schools	Out There project (NZAF and Rainbow Youth)
Making schools safe for people of every sexuality	PPTA
Social and ethical issues in sexuality (curriculum resource)	PPTA and New Zealand Secondary Principals' Council
Trans people: Facts & information (fact sheets)	Human Rights Commission
pridenz.com website	pridenz.com
Sexuality, gender identity and depression (fact sheet)	National Depression Initiative
Column in express! (Alcohol and drug issues, and related health matters)	Diana Rands, CADS
Gay men's mental health	Chris Banks, Mental Health Foundation
Recommended reading on queer mental health	Mental Health Foundation
Bipolar bear blog	Chris Banks

GLBTI gay, lesbian, bisexual, transgender and intersex people
PPTA Post Primary Teachers' Association
CADS Community Alcohol and Drug Service

A chief gap identified by the review was the lack of services, programmes or funding of GLBTI-focused mental health initiatives by public health units at district health boards. The exception to this was funding allocated by the Auckland District Health Board for a community project worker based at OUTLine New Zealand. The view of several district health boards contacted was that mental health services are available to all, and there is no need for GLBTI-specific services or programmes. It should be noted that some mainstream health services appear to be pro-

viding services to GLBTI populations, but these were not identified through the survey sent to district health boards. For example, one informant noted Kidz First Hospital run by Counties Manukau District Health Board provides support for transgender youth, and that Auckland Sexual Health Service (Greenlane Clinical Centre) has provided counselling when transgender people approach them to gain access to hormone treatment.

Key issues and gaps

The analyses of issues and gaps identified by key informants and GLBTI respondents who completed the online submission form are presented as three themes:

- macro-social environment
- social acceptance and connection, and
- services and support.

These different groupings acknowledge individuals interact with different types of environmental systems and these interactions impact on their health and wellbeing.[29] The themes are presented as summaries; further elaboration and analysis is available.[23]

Macro-social environment

The macro-social system relates to the culture and broader social environment in which individuals live. A key issue for informants and respondents was the negative impact on the mental health of GLBTI people that arose from stigma and homophobia or transphobia. While some of the actions that lead to GLBTI people experiencing stigma and homophobia or transphobia were viewed as resulting from deliberate acts, these actions were also often reported as being less deliberate. Education and general public awareness campaigns were suggested as one way to address these issues and to raise understanding in mainstream society of GLBTI issues.

The informants and respondents also reported a need to de-stigmatise mental health issues—both within society as a whole and within the GLBTI community. Awareness campaigns were suggested as an appropriate way to address these issues. The need for all health promotion to include the needs of GLBTI people was noted. Health promotion activities need to recognise the diversity within the GLBTI population.

Social acceptance and connection

The negative effects of the immediate context for individuals were also identified by many informants and respondents. In particular, poor social acceptance and connection were identified as factors that contribute to hostile conditions in which to achieve good mental health and wellbeing. Along with broader social acceptance, receiving support from friends and family, and ensuring support and safe environments for young people and older people were identified as important. The need for GLBTI people to address negative issues within their own communities, relating to supporting community members, was also discussed.

Services and support

Access to mental health services and the competency of mental health services were the two overarching issues for informants and respondents. For all respondents who are currently accessing, or would like to access, mental health counselling and other services, the most widely reported issue that hindered access to these services was cost. Several respondents reported that financial barriers meant they did not access services, even though they identified these as necessary for their mental health and overall wellbeing. In some instances this was reported as prolonging the distress being experienced.

The other main barrier was the lack of mental health services provided by the public health system, particularly for those with mild to moderate needs. Many respondents also reported a lack of knowledge about available services.

In relation to service competency, the chief issue identified was that all services should be provided in a culturally safe and appropriate way. For GLBTI people, culture may relate to issues associated with sexual or gender identity, or body diversity, as well as ethnic identity. Ensuring that mental health staff displayed appropriate attitudes, had the necessary skills and abilities to

work with GLBTI people, and did not make assumptions around sexual and gender identity were identified as important. In addition, it was seen as essential that services were GLBTI-friendly.

Discussion

Several key points arise from the review of mental health promotion and service delivery and from the key informant interviews and submissions from GLBTI people.

Building sector capacity

It is clear that there is very limited leadership with respect to mental health issues for GLBTI people—both from government agencies and from GLBTI communities. In addition, no GLBTI organisation suitably positioned to take a national leadership role was identified by participants. One idea to improve coordination and leadership in the health area is a national health group which could represent GLBTI concerns and issues.

Reducing stigma

While some informants and respondents reported that social conditions for GLBTI people had improved in recent years, others noted that this improvement varied across various GLBTI groups. The literature clearly points out that the social environment (including actions such as prejudice, stigma, discrimination, rejection and violence directed towards GLBTI people) plays an important role in influencing the mental health of GLBTI people.[30] It is imperative that actions aimed at reducing GLBTI people's exposure to such negative experiences and countering societal heterosexism are developed.

Enhancing young people's safety

For many informants and respondents, a key issue was the need to ensure the safety of young people, particularly in schools. The wellbeing of GLBTI students must be fostered by ensuring teachers are trained (pre-service and professional development) in suicide prevention, mental health promotion, preventing bullying, and challenging homophobia/transphobia. A review of the Health and Physical Education Curriculum appears warranted, with a particular focus on whether it is meeting the needs of young GLBTI people.

Funder obligations

Most respondents reported that mainstream health services should be able to provide competent high-quality services that are accessible and acceptable to GLBTI people. This suggests that the Ministry of Health's National Health Board as key funding agency, and district health boards who are responsible for providing health services to their communities (as well as funding others to deliver services), need to prioritise resources for GLBTI mental health and provide both GLBTI-focused services and general services that are inclusive of GLBTI people and recognise any specific needs.

GBLTI components within existing mainstream mental health promotion and service provision should be funded alongside GLBTI-focused mental health promotion programmes and services which promote community cohesiveness, provide support for young people coming out, and deliver information and support through helplines and websites etc. District health boards need to improve GLBTI access to mental health services by ensuring they are more inclusive of GLBTI clients, including re-allocating resources for this purpose as necessary.

Research and information needs

There is very little research information available in New Zealand about the epidemiology of mental health issues for GLBTI people, or in-depth understanding of their experiences. Particular gaps include research that addresses the needs and experiences of transgender and intersex people, and of older GLBTI people. Along with GLBTI-focused research initiatives, there remains a need for data to be routinely collected about sexual orientation in mainstream research.

Supporting practitioners through training and resources

Many participants talked about ensuring the competency of practitioners (e.g. GPs, school counsellors, counsellors, psychologists, psy-

chiatrists) who provide mental health services. In particular, they identified that practitioners needed to have knowledge of GLBTI issues (both mental health–related and wider issues), to deliver services in respectful ways and avoid making assumptions. Many participants considered that practitioners received inadequate training and education in GLBTI issues, both pre-service and in-service. A training programme is needed for professional bodies, and education and training providers, to enhance GLBTI-related training and education opportunities for practitioners.

International research has demonstrated that GLBTI individuals experience higher levels of mental health distress than their heterosexual counterparts.

Having GLBTI-inclusive services was identified by many participants as very important. As well as having well-trained staff, it was noted that organisations require appropriate resources and other support to become truly inclusive. It was also suggested that an audit system be established to encourage services to review their policy, practices and procedures, make changes as necessary and maintain their inclusive practices.

Conclusion and recommendations

While GLBTI individuals have the same basic mental health prevention and promotion needs as members of the general population, they also experience additional unique issues related to social discrimination, personal and community social and behavioural risk factors.[8] International research has demonstrated that GLBTI individuals experience higher levels of mental health distress than their heterosexual counterparts. This needs assessment research has confirmed there is minimal policy in relation to GLBTI mental health. Limited mental health promotion or prevention services directed at GLBTI populations in New Zealand were identified. While the review of existing services did not identify robust evidence or any evaluations of the impact of existing programmes and services on the mental health and wellbeing of GLBTI New Zealanders, several GLBTI-focused services (e.g. telephone helplines, counselling) appeared well utilised. There were many reports about government-funded mainstream mental health promotion and prevention services that were not responding appropriately to the needs of these groups. These findings mirror other New Zealand studies, which have also reported limited service delivery and policy attention to the health needs of these groups.[26,31,32]

The New Zealand Government plays a lead role in the policy development around GLBTI mental heath, and it can easily be argued it should ensure there are appropriate levels of mental health promotion and service provision for GLBTI people. Alongside this, the appropriate involvement of GLBTI representatives will encourage GLBTI community engagement with mental health promotion and should result in more appropriate service delivery responses being developed.[26,33] A caveat for future action applies—while the needs for GLBTI people as a group are often the same, at other times the needs of particular groups, such as gay men or lesbian women, may be different and may require different solutions. In addition, the needs of varying ethnic groups within these populations, and of all age groups including young people and older people, need to be incorporated.

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COMPETING INTERESTS
None declared.

APPENDIX A: Online survey questions

1. Do you provide any SPECIFIC mental health promotion and prevention services or programmes for some or all of GLBTI populations?

2. Apart from any services you may provide are you aware of any other specific services or programmes provided for some or all of GLBTI?

3. What do you think is going well for existing mental health promotion and service delivery for GLBTI?

4. What could be improved for existing mental health promotion and service delivery for GLBTI?

5. Are any additional services, supports, promotion activity or anything else required to help improve the mental health and wellbeing of GLBT people?

6. Are there any other comments you would like to make about mental health promotion and prevention services for GLBTI people?

APPENDIX B: Key informant participant details

Role or organisation	Location
Independent social worker	Wellington
Wairarapa District Health Board	Masterton
SPINZ/Mental Health Foundation	Auckland
Gay communities trainer/project worker, Community Alcohol and Drug Service	Auckland
Counsellor	Auckland
Independent comment	Auckland
Transgender Rights, NZ Prostitutes Collective	Rotorua
Founder of FTM Aotearoa	Wellington
Independent health consultant	Wellington
Counsellor and trainer/educator	Wellington
PhD candidate, The University of Auckland	Auckland
Independent comment	Auckland
General Manager, OUTLine New Zealand	Auckland
Independent comment	Wellington
Ministry of Health	Auckland
Executive Director, Rainbow Youth	Auckland
Therapist	Auckland
NZ Prostitutes Collective	Wellington
Mental health professional	Auckland

APPENDIX C: Key informant questions

1. What is your interest/involvement in mental health services for GLBTI populations?

    - General GLBTI or identity specific
    - Paid—voluntary
    - Length of time involved in this field

2. If a service provider (interpreted broadly)

    - What services do you provide that you consider are related to mental health
    - Is the service GLBTI specific or mainstream with a specific GLBTI component
    - Location of services
    - Coverage
    - Target population
    - Funding sources
    - Approach/philosophy of service (e.g. youth development approach)
    - Any research, evaluation or other documents you can provide

3. Apart from your own services, what other services are you aware of providing services to GLBTI?

4. Overall, how would you describe the state of play when it comes to mental health promotion and service delivery for specific/general GLBTI?

    - What is going well
    - What is not going well/what are the main issues for GLBTI
    - What are the gaps

5. Is anything required to improve existing mental health promotion and prevention services?

    - Formal services and non-formal (e.g. community based development)

6. In addition to any improvements to current services, are any further services, supports, promotion activity or anything else required to help improve the mental health and wellbeing of GLBT people?

    - What is needed to make that happen (funding, policy etc)?
    - Who is responsible for making things happen?

7. Are there any other comments you would like to make about mental health promotion and prevention services for GLBTI people?

APPENDIX D: Online submission questions

In addition to demographic questions [location, age, ethnicity, identity] the following questions were asked.

1. What kinds of things do you do to maintain your social and emotional wellbeing?

2. Thinking about the things that maintain your social and emotional wellbeing, what, if anything, makes it hard to access these things?

3. Have you used or are you using any services to help with any mental health issues. These services could be GLBTI focused or mainstream/general services?

4. Thinking about the BEST services you have received, could you tell us what kind of service it was, and why it was good?

5. Thinking about the WORST services you have received, could you tell us what kind of service it was, and why it was poor?

6. Whether or not you have used any services, do you think anything would help improve existing mental health services? (Please describe, please also note if your comments are general, or specific to G, L, B, T, I, or same-sex attracted youth)

7. Do you think any further services, support, promotion activity or anything else are required to help improve the mental health and wellbeing of GLBTI people? (Please describe, please also note if your comments are general, or specific to G, L, B, T, I, or same-sex attracted youth)

8. Are there any other comments you would like to make about mental health promotion and prevention services for GLBTI people? (Please describe, please also note if your comments are general, or specific to G, L, B, T, I, or same-sex attracted youth)

APPENDIX E: Strategies and policies for mental health promotion and service provision mentioning GLBTI populations

- *The New Zealand Suicide Prevention Strategy* (Ministry of Health, 2006)—acknowledges issues relating to sexual orientation and, in particular, suggests the need for policies to address the needs of GLB young people.
- *The New Zealand Suicide Prevention Action Plan* (Ministry of Health, 2008)—includes population health approaches aimed at increasing public awareness of mental health and addiction problems, destigmatising mental illness and encouraging people to seek help.
- *Youth Health: A Guide to Action* (2002)—identifies specific health issues for GLBT young people and the need for schools to acknowledge and support their needs.
- *Te Tahuhu*—the current mental health policy (Ministry of Health, 2005)—emphasises the importance of promoting mental health at a population level and ensuring services are tailored to meet different needs.
- *Health Promoting Schools* (www.hps.org.nz)—the model focuses on holistic wellbeing/hauora and supportive environments for students and provides a framework through which issues of social justice, discrimination and sexual and gender diversity within the school community can be addressed.
- *Health and Physical Education in the New Zealand Curriculum* (Ministry of Education, 1999)—three of the four aims of this curriculum are directly related to the affirmation of a diversity of sexualities and gender identities.
- *Youth Development Strategy Aotearoa* (2002)—identifies young lesbian, gay, bisexual and transgender people as a group with specific issues that include discrimination and harassment and access to support groups and programmes.
- *Professional Standards for Teachers* (1998)—requires teachers to act with respect towards all students by maintaining environments that enhance learning by recognising and catering for the learning needs of a diversity of students.
- School legislative documents—the *National Administration Guidelines* (1990) require schools to provide a safe physical and emotional environment for students.

APPENDIX F: General population–level services for mental health promotion

The National Depression Initiative (NDI) (www.ndi.org.nz) aims to reduce the impact of depression on the lives of New Zealanders. It comprises a multi-media campaign (fronted by ex–All Black Sir John Kirwan) that aims to reduce the impact of depression through increasing understanding of symptoms, increasing awareness of effective interventions and where to seek help (www.depression.org.nz).

Like Minds, Like Mine (www.likeminds.org.nz) is a national programme aimed at reducing the stigma and discrimination associated with mental illness that has been in place for over a decade. This programme recognises that stigma and discrimination are major barriers to a person's recovery.

Public health units (PHUs) around the country (except Auckland) are funded by the Ministry of Health to deliver mental health promotion services. These vary between PHUs, but include community development activities, input to school-based programmes such as Health Promoting Schools, and some suicide prevention activities.

The Mental Health Foundation (MHF) (www.mentalhealth.org.nz) is funded by the Ministry of Health to provide mental health promotion activities for the northern region, a national mental health information service, and to organise Mental Health Awareness Week.

Mental Health 101 (www.mh101.co.nz) is a mental health literacy and learning programme developed to give people greater confidence to recognise, relate and respond to people experiencing mental illness.

Travellers (http://travellers.org.nz/) is a programme for Year 9 students in schools designed to build resilience and life skills.

APPENDIX G: GLBTI-focused mental health services

Name of service	Location	Coverage	Contact details	Target population	Funding sources	Approach/ philosophy of service (e.g. youth development, recovery model)
Auckland CADS (Community Alcohol and Drug Services)	Auckland	Wellsford to Bombay	www.cads.org.nz 09 845 1818	LGBTTFI (lesbian, gay, bisexual, transgender, takatapui, fa'afafine, intersex) and same-sex attracted youth, and their families, whanau and significant others, with alcohol or other drug problems. LGBTTFI adults, and their families, whanau and significant others, with alcohol or other drug-related issues (includes individuals questioning sexuality or gender identity). Sex workers with alcohol or other drug problems, targeted through a sex workers' outreach clinic.	Waitemata District Health Board, Auckland District Health Board, Counties Manukau District Health Board.	Harm reduction service for anyone wanting to solve an alcohol- or drug-related question, issue or problem. Recovery model. Diversity affirming.
OUTLine NZ	Ponsonby, Auckland	National	www.outline.org.nz 09 309 3269	Rainbow Communities (lesbian, gay, bisexual, transgender, queer, questioning) and their families	Various—mostly donations and philanthropic trusts. Auckland District Health Board (has funded community worker project).	Personal advice and support—phone counselling, information services, advocacy, and face-to-face work. Community-based programmes—social, cultural and welfare.
NZ AIDS Foundation (Positive Health Services)	NZAF Burnett Centre (Auckland), NZAF Awhina Centre (Wellington) and NZAF South/Te Toka (Christchurch)	Coverage is nationwide. As well as the centres listed above, NZAF Positive Health Services has a network of contracted counsellors and psychologists across the country.	www.nzaf.org.nz 09 303 3124	NZAF Positive Health Services provides support to people infected with or affected by HIV in New Zealand. Because men-who-have-sex-with-men (MSM) are the group most at risk of new HIV infections within New Zealand, this group makes up the majority (76% in 2009) of those seeking counselling and therapeutic services.	NZAF receives 92.25% (2009/2010) of its funding from the Ministry of Health, which funds the therapeutic service	NZAF Positive Health Services employ a multidisciplinary approach when providing specific mental health promotion and prevention services. Models include (but are not limited to) harm reduction, alcohol and drug rehabilitation, and short-term cognitive behavioural therapy.

Name of service	Location	Coverage	Contact details	Target population	Funding sources	Approach/ philosophy of service (e.g. youth development, recovery model)
Rainbow Youth Incorporated	Auckland	Wellsford to Bombay	www.rainbowyouth.org.nz 09 376 4155	Youth (27 years old and under) who are questioning or identify as queer (inclusive of lesbian, gay, bisexual, transgender, intersex, fa'afafine, and takatapui identities) or transgender. Schools and people who work with youth to improve awareness and diversity in all youth-based environments (through an education package that outlines the differences between sexuality and gender). Parents who are faced with the issues arising from youth questioning their sexuality or gender identity are supported.	Lotteries, COGS, ASB Community Trust and various trusts. Rainbow Youth has minimal untagged or philanthropic funding and no government funding.	Rainbow Youth is a youth-led and youth-run organisation. The service focuses on 100% youth participation and have a peer-to-peer support model and recognises the Youth Development Strategy of Aotearoa and Youth Worker Guidelines of Aotearoa. The organisation affirms diversity
City Associates	Wellington	Regional (service is pilot and has closed referral process)	04 499 3083	Youth with high-risk, complex problems, most of whom are same-sex attracted.	Variety of government, district health board and philanthropic sources.	Intensive individual and group-based treatment provided by multidisciplinary team using motivational approaches and peer support.